#### Have you seen this yet?

Close your eyes and have someone read this to you.

"He's coming out of the water. The rod looks like it's going to break. He's beautiful. The biggest marlin I've ever seen."

"Susan has grown so. She's becoming a fine young lady."

"The skirts are high again this year, and the colors are crazier than ever, mixing bright pinks with oranges and yellows."

"Jimmy lost his first tooth."

"The light is green now. You can cross."

This is what it is to see through the eyes of others. This is the blindness of glaucoma.

An estimated million Americans over 40 years of age have glaucoma and don't even know it. And every year about 4,000 of them go blind from it. And it needn't be.

Many cases of glaucoma can be arrested by regular use of prescribed medication. But only if it's caught early. And to catch it early, all it takes is a simple test, competently performed.

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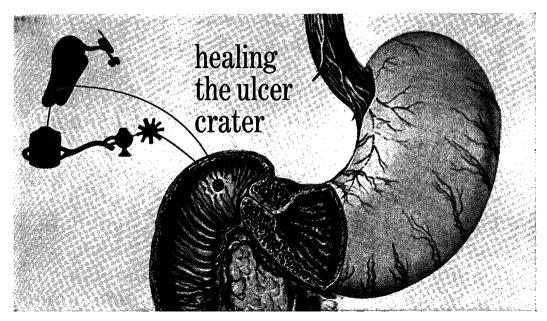




We hope all your patients will see it.
So that those who need to most will see you in time.



We help you by helping your patients.



# Pro-Banthine propantheline bromide

### blocks ulcerogenic autonomic impulses

Therapeutic Activity—Pro-Banthīne blocks ulcerogenic impulses at both parasympathetic effector sites and ganglia and at sympathetic ganglia.

This dual action, a capacity quite beyond that of belladonna derivatives, has been shown repeatedly to reduce gastric secretion, to suppress gastrointestinal motility and to relieve ulcer pain.

**Healing Environment**—Thus, Pro-Banthīne, together with other standard measures, creates a favorable environment to hasten healing of the ulcer.

So widely is this ability recognized that for years Pro-Banthīne has been the most widely prescribed medication for treating peptic ulcer.

Indications: Peptic ulcer, gastroenteritis, pylorospasm, biliary dyskinesia, functional hypermotility and irritable colon.

Contraindications: Glaucoma, severe cardiac disease.

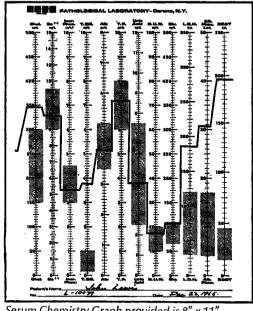
Precautions: Since varying degrees of urinary hesitancy may occur in elderly men with prostatic hypertrophy, this should be watched for in such patients until they have gained some experience with the drug. Although never reported, theoretically a curare-like action may occur with possible loss of voluntary muscle control. Such patients should receive prompt and continuing artificial respiration until the drug effect has been exhausted.

Side Effects: The more common side effects, in order of incidence, are xerostomia, mydria-

sis, hesitancy of urination and gastric fullness, Dosage: The maximal tolerated dosage is usually the most effective. For most adult patients this will be four to six 15-mg. tablets daily in divided doses. In severe conditions as many as two tablets four to six times daily may be required. Pro-Banthīne (brand of propantheline bromide) is supplied as tablets of 15 mg., as prolonged-acting tablets of 30 mg. and, for parenteral use, as serum-type vials of 30 mg. The parenteral dose should be adjusted to the patient's requirement and may be up to 30 mg. or more every six hours, intramuscularly or intravenously.

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Because anxiety varies widely from patient to patient, and even in the same individual, Librium (chlordiazepoxide HCl) is supplied in various dosage strengths to suit the level of anxiety. Thus, during periods of acute emotional stress, the patient may need 25 mg Librium t.i.d. for relief. In mild to moderate anxiety, smaller doses of 5 or 10 mg, given three or four times daily, usually suffice.

The resulting improvement in outlook is a characteristic benefit of Librium therapy, utilized as an adjunct to your counsel and reassurance. Another advantage: Librium may also be used concomitantly with certain specific medications of other classes of drugs, whenever anxiety is a significant component of the clinical profile.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

Contraindications: Patients with known

hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNSacting drugs, caution patients against hazardous occupations requiring com-

plete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses. use caution in administering to addictionprone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with harbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically. Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are

reversible in most instances by proper dosage adjustment, but are also occasignally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema. minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy. Usual Daily Dosage: Individualize for maximum beneficial effects. Oral-Adults: Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. Geriatric patients: 5 mg b.i.d. to q.i.d. (See Precau-

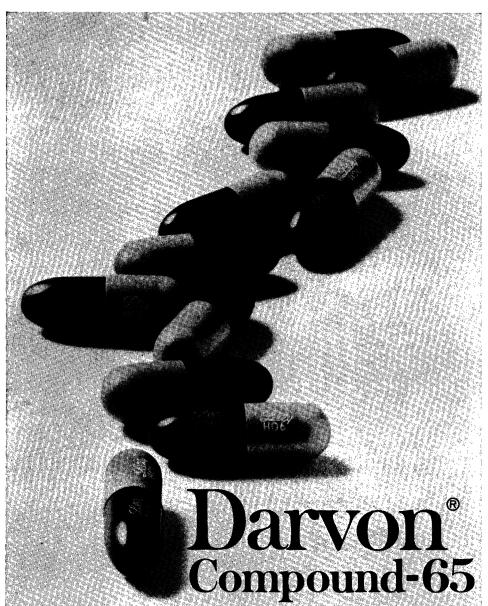
Supplied: Librium®(chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg – bottles of 50. Libritabs®(chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg – bottles of 100. With respect to clinical activity, capsules and tablets are indistinguishable.

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Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms have occurred following abrupt discontinuance. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount

in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation, have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



Valium<sup>®</sup> (diazepam)